



HUMAN RESEARCH ETHICS PROGRAM
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
www.nj.gov/health/hrep

INSTITUTIONAL APPROVAL OF EXTRAMURAL RESEARCH

Name of Principal Investigator: _____

Research Project Title: _____

As the Principal Investigators Liaison I hereby certify:

- (1) The Principal Investigator is qualified to design, implement, perform, record, analyze and report the findings of this research project.
- (2) The research project is scientifically valid, the NJDHSS resources requested for appropriate and it adheres to the NJDHSS policy on Privacy & Confidentiality.
- (3) I will not release identifiable private information without Institutional Review Board (IRB) approval.
- (4) I will promptly notify the Institutional Review Board if I determine: i) the research project is implemented or modified without prior IRB approval, ii) the research project is conducted in violation of IRB requirements or NJDHSS policies, iii) confidentiality has been breached or iv) there has been a serious or unanticipated adverse event to a research subject.

Liaison (Name): _____ Title: _____

Division/Program: _____

Liaison (Signature): _____ Date: _____

I hereby certify that the Liaison is qualified to oversee this research project.

Supervisor (Name): _____ Title: _____

Supervisor (Signature): _____ Date: _____

I hereby authorize the submission of this research project to the IRB.

Assistant Commissioner

Name: _____

Signature: _____ Date: _____

Deputy/Senior Assistant Commissioner

Name: _____

Signature: _____ Date: _____

HREP Use Only			
HREP Received	Approved for IRB Submission	Authorized By	Date